

Department of Alcoholic Beverage Control
PRIORITY APPLICATION QUESTIONNAIRE

State of California
GRAY DAVIS, Governor
Business, Transportation and Housing Agency
MARIA CONTRERAS-SWEET, Secretary

Instructions: Complete this form. Use the reverse side if you need more space. Submit this form when you file your Priority Application. Include a certified check, cashier's check, or money order for the application fee.

DATE	LICENSE TRANSACTION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> INTERCOUNTY TRANSFER	LICENSE TYPE <input type="checkbox"/> ON-SALE (RESTAURANT) <input type="checkbox"/> OFF-SALE (STORE)
COUNTY WHERE BUSINESS LOCATED	PREMISES ADDRESS (Street number and name, city, zip code) (If known)	
APPLICANT(S) NAME(S) (Print)		PHONE NUMBER ()
MAILING ADDRESS (Street number and name, city, state, zip code)		

TYPE OF OWNERSHIP (Check one)

- | | |
|---|---|
| <input type="checkbox"/> SOLE OWNER | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> MANAGED BY ONE MANAGER |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> MANAGED BY MORE THAN ONE MANAGER/OFFICER |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> MANAGED BY LLC MEMBERS |
| <input type="checkbox"/> MULTIPLE OUTLET "P-12" | <input type="checkbox"/> SINGLE MEMBER |

• GENERAL PARTNER(S) OF LIMITED PARTNERSHIP

PRINTED NAME	PRINTED NAME
PRINTED NAME	PRINTED NAME

• CORPORATE OFFICERS AND DIRECTORS (AND PERCENTAGE OF STOCK OWNED, IF ANY)

PRESIDENT (Print name)	%	SECRETARY (Print name)	%
VICE PRESIDENT (Print name)	%	TREASURER (Print name)	%
DIRECTOR (Print name)	%	DIRECTOR (Print name)	%
DIRECTOR (Print name)	%	DIRECTOR (Print name)	%

• STOCKHOLDERS WHO OWN 10 PERCENT OR MORE OF THE STOCK
• LIMITED PARTNERS WHO OWN 10 PERCENT OR MORE OF THE CAPITAL OR PROFITS

PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%

• LIMITED LIABILITY COMPANY MANAGER(S)
• LIMITED LIABILITY COMPANY MEMBERS WHO OWN 10 PERCENT OR MORE OF THE CAPITAL OR PROFITS

PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%

REMINDERS TO ALL APPLICANTS:

- You must be a California resident for 90 days prior to the drawing, if one is held. You must provide proof of residency if you are successful.
- If you are applying as sole owner you must provide proof of legal presence in the United States if you are successful.
- Only certified checks, cashier's check, or money orders are accepted.

SIGNATURES ARE NOT REQUIRED ON THIS FORM